



## Member/Physician Reference 2010 Prescription Drug List

Coventry Health Care plans  
Coventry Health and Life Insurance Company  
Group Health Plan, Inc.  
Care Management Resources  
Carelink Health Plans, Inc.  
PersonalCare Insurance of Illinois, Inc.  
WellPath Select, Inc.  
Altius Health Plan

With our prescription drug plan, you have three options when a doctor gives you a prescription.

**Generic** (Tier One) - includes most generic and a few selected OTC (Over The Counter) drugs.

**Formulary brand** (Tier Two) - formulary brand name drugs.

**Non-formulary** (Tier Three) - Non-formulary brand name, and a few non-formulary generic drugs. These drugs may have a lower cost alternative on Tier One or Tier Two.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed below are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

### Tier One

#### A

Acetabutolol  
Acetazolamide  
Acetic acid ear drops  
Acetic acid-aluminum acetate  
Acetohexamide  
Acetylcysteine  
Acyclovir (not ointment)  
Alavert (Requires Doctor's Prescription)  
Alaway (Requires Doctor's Prescription)  
Albuterol  
Albuterol/ipratropium  
Alclometasone Dipropionate  
Alendronate  
Allopurinol  
Alprazolam, XR ☒  
Altoprev  
Aluminum chloride  
Amantadine  
Amiloride  
Amiloride-HCTZ  
Aminocaproic acid  
Amiodarone  
Amitriptyline  
Amlodipine (ODT not covered)  
Amlodipine/benazepril  
Amoxapine  
Amoxicillin ☒  
Amoxicillin-potassium clavulanate ☒  
Amphetamine/Dextroamphetamine (XR Tier Three, PA)  
Ampicillin ☒  
Anagrelide  
Anthralin  
APAP/Butalbital/Caffeine ☒  
Apraclonidine  
Aprí  
Aranelle  
Aspirin/butalbital/caffeine ☒

Aspirin/caff/butalbital/codeine ☒

Atenolol  
Atenolol/chlorthalidone  
Atropine  
Aviane  
Azathioprine  
Azithromycin, XL ☒

#### B

Baclofen  
Balziva  
Benazepril  
Benazepril HCTZ  
Benzonatate  
Benztropine  
Betamethasone (cream/ointment)  
Betaxolol (ophth)  
Bethanechol  
Bicalutamide  
Bisoprolol Fumarate  
Bisoprolol HCTZ  
Bromocriptine  
Brompheniramine-Pseudoephedrine  
Bumetanide  
Bupropion, SR (XL Tier Three)  
Buspirone

#### C

Calcitonin nasal spray  
Calcitriol  
Camila  
Captopril  
Captopril/HCTZ  
Carbamazepine, XR  
Carbidopa/levodopa  
Carboptic  
Carisoprodol  
Carisoprodol/aspirin  
Carteolol soln.  
Carvedilol (CR non-form, ST)  
Cefaclor, CD ☒  
Cefadroxil ☒  
Cefdinir ☒  
Cefprozil ☒

Cefuroxime ☒  
Cephalexin ☒

Cesia  
Cetirizine OTC (Requires Doctor's Prescription)  
Cetirizine D OTC (Requires Doctor's Prescription)

Chloral hydrate ☒  
Chlordiazepoxide ☒  
Chlordiazepoxide/clidinium  
Chloroquine  
Chlorothiazide ☒  
Chlorphen/phenyleph/methscop  
Chlorpromazine (spansule Tier Three)  
Chlorpropamide  
Chlorthalidone  
Cholestyramine  
Choline & magnesium  
Ciclopirox ☒  
Cilostazol  
Cimetidine  
Ciprofloxacin soln. ☒  
Ciprofloxacin (XR Tier Three) ☒

Citalopram

Citrate/citric acid  
Clarithromycin, ER ☒  
Clemastine 2.68mg  
Claritin OTC (Requires Doctor's Prescription)

Claritin D-24 OTC (Requires Doctor's Prescription)

Clindamycin ☒

Clobetasol (cream, oint)

Clomipramine

Clonazepam ☒

Clonidine (TTS Tier Three)

Clorazepate (SD Tier Three) ☒

Clotrimazole Troche

Clozapine ☒

Codeine ☒

Colchicine

Colestipol

Cromolyn sodium

Cryselle  
Cyclobenzaprine  
Cyclopentolate  
Cyclophosphamide (SP) ☒  
Cyclosporine (SP) ☒  
Cyproheptadine

#### D

Danocrine ☒  
Dantrolene  
Desipramine  
Desmopressin acetate  
Desogestrel-Ethinyl Estradiol  
Desonide  
Desoximetasone  
Dexamethasone  
Dexchlorpheniramine  
Dextroamphetamine ☒  
Diazepam ☒

Diclofenac ophth soln  
Diclofenac potassium  
Diclofenac sodium, XR  
Dicloxacillin ☒

Dicyclomine

Didanosine (SP)

Diethylstilbestrol

Diflunisal

Digoxin

Diltiazem

Diphenoxylate-atropine ☒

Dipivefrin

Dipyridamole

Disopyramide

Disulfiram

Divalproex Sodium (DR, ER)

Dorzolamide

Doxazosin mesylate (XL Tier Three)

Doxepin

Doxycycline (20mg, Adoxa, Doryx

not covered) (Oracea - Tier Three)

Doxycycline susp (syrup Tier Three)

#### E

Econazole cream/ointment  
Enalapril  
Enalapril HCTZ  
Enpresse  
Epinephrine HCl  
Ergocalciferol  
Errin  
Erythromycin/Benzoyl Peroxide  
Estradiol  
Estropipate  
E ethosuximide  
Etodolac, XR  
Etoposide (SP) ☒

#### F

Famciclovir ☒  
Famotidine  
Felodipine  
Fenofibrate  
Fenoprofen  
Fentanyl patch ☒  
Fexofenadine  
Finasteride  
Flavoxate  
Flecainide  
Fluconazole (Susp PA) ☒  
Fludrocortisone acetate  
Flunisolide  
Fluocinolone (topical)  
Fluocinonide (topical)  
Fluoride/polyvitamins for children  
Fluoride/vitamins A,D,C for children  
Fluorometholone  
Fluorouracil  
Fluoxetine (20mg tablet Tier Three)  
Fluphenazine  
Flurazepam ☒  
Flurbiprofen  
Flurbiprofen sodium (ophth)

☒ Not available as 90-day supply

|   |   |  |   |                     |
|---|---|--|---|---------------------|
| Flutamide   | Levetiracetam (XR Tier Three, PA)                                 | Mupirocin oint                                   | PriLOSEC OTC 20mg<br>(Requires Doctor's Prescription) (PriLOSEC 40mg Not Covered) | Terbutaline sulfate |
| Fluticasone Propionate<br>(nasal, cream, oint)<br>(lotion Tier 3) | Levobunolol   | N  | Terconazole   |                     |
| Fluvoxamine   | Levodopa/carbidopa  | Nabumetone                                       | Testosterone inj  |                     |
| Folic acid 1 mg   | Levora  | Nadolol  | Tetracycline  |                     |
| Fosinopril  | Levothyroxine   | Naltrexone ☒                                     | Theophylline, XR  |                     |
| Fosinopril/HCTZ   | Lidocaine viscous   | Naproxen   | Thioridazine  |                     |
| Furosemide  | Lidocaine/HC  | Naproxen sodium                                  | Thiothixene   |                     |
| G   | Lidocaine-prilocaine ☒  | Necon  | Ticlopidine   |                     |
| Gabapentin  | Lindane lotion ☒  | Neomycin   | Timolol   |                     |
| Ganciclovir   | Liothyronine  | Neomycin/bacitracin                              | Timolol maleate   |                     |
| Gemfibrozil   | Lisinopril  | Nephazoline ophth                                | Tizanidine (caps not covered)   |                     |
| Gentamicin  | Lisinopril/HCTZ   | Next Choice (Requires Doctor's Prescription)     | Tobramycin  |                     |
| Glimepiride   | Lithium   | Nifedipine XL                                    | Tobramycin-Dexamethasone (Tobra-Dex ST Susp Tier Three)                           |                     |
| Glipizide, XL   | Loratadine D-24 OTC<br>(Requires Doctor's Prescription)           | Nimodipine                                       | Tolazamide  |                     |
| Glipizide/metformin   | Loratadine OTC<br>(Requires Doctor's Prescription)                | Nisoldipine                                      | Tolbutamide   |                     |
| Glyburide   | Lorazepam ☒   | Nitrofurantoin                                   | Tolmetin  |                     |
| Griseofulvin ☒  | Lovastatin  | Nitroglycerin, all forms                         | Topiramate  |                     |
| Guaifenesin/codeine ☒   | Low-Ogestrel  | Nizatidine                                       | Torsemide   |                     |
| Guanabenz acetate   | Loxapine  | Nor-BE   | Tramadol  |                     |
| Guanfacine  | Lutera  | Norethindrone acetate                            | Tramadol-acetaminophen  |                     |
| H   | M   | Norgestrel-ethynodiol estradiol                  | Trandolapril  |                     |
| Halobetasol cream/ointment  | Maprotiline   | Nortrel  | Tranylcypromine   |                     |
| Haloperidol   | Mebendazole (tablets, cream) (ER Tier Three) ☒                    | Nortriptyline                                    | Trazodone   |                     |
| Hydralazine   | Meclofenamate   | Nystatin ☒                                       | Tretinoin   |                     |
| Hydralazine/HCTZ  | Medroxyprogesterone (tab, inj.)                                   | O  | Triamcinolone topical (cream, lot., oint.)  |                     |
| Hydrochlorothiazide   | Megestrol acetate   | Ocella   | Triamterene/HCTZ  |                     |
| Hydrocodone/APAP ☒  | Meloxicam   | Ofloxacin ☒                                      | Triazolam ☒   |                     |
| Hydrocodone/ibuprofen ☒   | Meperidine ☒  | Ogestrel   | Trifluoperazine   |                     |
| Hydrocortisone Ace-Pramoxine                                      | Mercaptopurine  | Omeprazole (40mg not covered) (See PriLOSEC OTC) | Trifluridine  |                     |
| Hydrocortisone tablets  | Mesalamine enema  | Ondansetron, ODT ☒                               | Trihexyphenidyl   |                     |
| Hydromorphone HCl ☒   | Metaproterenol  | Oxaprozin  | Trimethobenzamide   |                     |
| Hydroxychloroquine ☒  | Metformin/Glyburide   | Oxazepam ☒                                       | Trimethoprim  |                     |
| Hydroxyurea ☒   | Metformin, XR   | Oxcarbazepine                                    | Trimethoprim-polymyxinB   |                     |
| Hydroxyzine pamoate   | Methadone ☒   | Oxybutynin (XL Tier Three)                       | Trinessa  |                     |
| Hyoscyamine   | Methazolamide   | Oxycodeone IR (SR Tier Three, PA, PAS) ☒         | Triple sulfa  |                     |
| I   | Methenamine   | P  | TriPrevifem   |                     |
| Ibuprofen   | Methimazole   | Papain-urea                                      | Tri-Sprintec  |                     |
| Imipramine (PM Tier Three)  | Methocarbamol   | Paromomycin                                      | Trivora   |                     |
| Indapamide  | Methotrexate (oral, inj) ☒  | Paroxetine (CR Tier Three, ST)                   | U   |                     |
| Indomethacin, SR (not suppos.)                                    | Methyldopa  | Penicillin VK ☒                                  | Ursodiol  |                     |
| Ipratropium (not inhaler)   | Methyldopa/HCTZ   | Pentoxifylline                                   | V   |                     |
| Isonarif  | Methylphenidate ☒   | Permethrin ☒                                     | Valproic acid   |                     |
| Isoniazid ☒   | Methylprednisolone  | Perphenazine                                     | Velivet   |                     |
| Isosorbide dinitrate  | Metipranolol (ophth)  | Phenazopyridine                                  | Venlafaxine IR (ST)   |                     |
| Isosorbide mononitrate  | Metoclopramide  | Phenobarbital ☒                                  | Verapamil, SR (caps Tier Three)   |                     |
| Isotretinoin (PA, PAS) ☒  | Metolazone  | Phenytoin  | W   |                     |
| Itraconazole capsules (PA, PAS) ☒                                 | Metoprolol, XL  | Phenytoin Sodium Extended                        | Warfarin  |                     |
| J   | Metronidazole tablets, cream, lotion, gel 0.75% (ER Tier Three) ☒ | Physostigmine sulfate                            | Z   |                     |
| Jolivette   | Mexiletine  | Pilocarpine                                      | Zaditor OTC (Requires Doctor's Prescription)                                      |                     |
| Junel FE  | Minocycline (tabs and Solodyn not covered)                        | Pindolol   | (Prescription Zaditor not covered)  |                     |
| K   | Minoxidil (not soln)  | Piroxicam  | Zaleplon ☒  |                     |
| Kariva  | Miralax* OTC (Requires Doctor's Prescription)                     | Podofilox solution                               | Zidovudine (SP)   |                     |
| Ketoconazole ☒  | Mirtazapine (Sol Tab Tier Three)                                  | Polyethylene glycol 3350                         | Zolpidem (CR Tier Three, ST, STS)   |                     |
| Ketoprofen, ER ☒  | Misoprostol   | Portia   | Zonisamide  |                     |
| Ketorolac ☒   | Moexipril   | Potassium chloride                               | Zovia   |                     |
| L   | Moexipril-hydrochlorothiazide                                     | Potassium citrate                                | Zytec OTC (Requires Doctor's Prescription)  |                     |
| Labetalol   | MonaNessa   | Pramoxine/HC                                     | Zytec D OTC (Requires Doctor's Prescription)                                      |                     |
| Lactulose   | Morphine IR ☒   | Pravastatin                                      |   |                     |
| Lamotrigine (starter pack Tier Three)                             | MPH-A   | Prazosin   |   |                     |
| Leena   |   | Prednisolone                                     |   |                     |
| Lessina   |   | Prednisone                                       |   |                     |
|   |   | Prenatal vitamins (prescription forms only)      |   |                     |
|   |   |  |   |                     |

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# Tier Two

## A

Accolate  
Actinex  
Actos (PA)  
Adcirca (PA, PAS) (SP)  
Advair  
Aggrenox  
Alamast  
Aldara  
Alesse  
Alkeran (SP)  
Allegra D (ODT not covered)  
Anakin   
Androgel (PA, PAS)   
Antabuse  
Aricept  
Arimidex  
Aromasin  
Asacol  
Asmanex  
Astelin  
Atrovent Inhaler, HFA  
Augmentin XR   
Avandamet (PA)  
Avandia (PA)  
Avelox   
Azathioprine  
Azelex  
Azopt

## B

Bactroban Cream  
Benicar  
Benicar HCT  
Betimol  
Biltricide   
Blephamide  
Brevicon

## C

Capex Shampoo  
Carbatrol  
CeeNu (SP)   
Celontin  
Ciloxan oint.  
Ciprodex  
Combivent  
Combivir (SP)  
Comtan  
Concerta   
Cortifoam  
Coumadin  
Creon  
Crestor  
Crestor 5mg (ST)  
Crixivan (SP)  
Cuprimine  
Cyclessa  
Cytadren

## D

Dapsone  
Daranide  
Daraprim  
Demulen  
Depen

Derma-Smoothe/FS  
Desogen  
Diastat   
Dibenzyline  
Dilantin  
Dostinex  
Dovonex  
Dritho-Scalp

## E

Effexor XR (ST)  
Elmiron  
Emcyt   
Emtriva (SP)  
Entocort EC  
Epifrin  
Epipen, Jr   
Epivir (SP)   
Epivir HBV (SP)   
Esclim  
Eurax   
Evista  
Exocac  
Exelderm

## F

Fareston  
FastTake Test Strips  
Femara  
Fenoglide  
Flovent, Rotadisk, HFA  
Fluoroplex  
Fosamax D  
Furoxone

## G

Gleevec (PA, PAS) (SP)   
Grisactin Ultra   
Gris-Peg

## H

Hectorol  
Hepsera (SP)  
Hexalen (SP)  
Humalog  
Humulin (pens/cartridges - PA)

## I

Insulin, Only Lilly Brands (Humulin pens/cartridges PA, Humalog)  
Intal Inhaler  
Intelence (SP)  
Invirase (SP)  
Iopidine 1%

## J

Janumet (PA)  
Januvia (PA)  
Jenest

## K

Kadian   
Kaletra (SP)

## L

Lanoxin  
Lantus  
Lantus SoloStar (PA)  
Lessina  
Leukeran  
Levemir (pens/cartridges – PA)  
Levlen  
Levlite  
Levothroid  
Lexapro (ST)  
Lexiva (SP)  
Lidoderm  
LifeScan Test Strips  
Lindane Shampoo  
Locoid  
Loestrin (24 FE Tier Three)  
Lo/Ovral  
Lotronex   
Lumigan  
Lunesta (ST, STS)   
Lysodren

## M

Matulane (SP)   
Maxalt, MLT   
Mephiton  
Mepron   
Methergine  
Micardis  
Micardis HCT  
Migranal   
Mircette  
Modicon  
Mycobutin   
Myleran (SP)

## N

Namenda  
Nardil  
Nasonex  
Nebupent  
Neo-Decadron  
Nexium  
Niaspan  
Nilandron  
Nitrolingual Translingual Spray  
Nitrostat SL  
Nordette  
Norinyl  
Nor-QD  
Norvir (SP)  
NuvaRing

## O

One Touch Test Strips  
One Touch Ultra Test Strips  
Opana ER   
Ortho Cept  
Ortho Cyclen  
Ortho Micronor  
Ortho Novum  
Ortho Tri-Cyclen  
Ortho Tri-Cyclen LO  
Ovcon-50  
Ovral  
Oxsoralen, Ultra

## P

P1E1, P2E1  
Phospholine Iodide  
Plan B (Requires Doctor's Prescription)   
Plavix  
Poly-Pred  
PreCare Chewables  
PreCare Conceive  
PreCare Premier  
Precose  
Premarin tabs (Cream Tier Three)  
Premesis RX  
Premphase  
Prempro  
Prenate Elite  
PrimaCare  
PrimaCare ONE  
Prometrium  
Prostigmin  
Psoriatec  
Pulmicort Respules (PA, PAS >4yrs)  
Pulmozyme (PA, PAS) (SP)

## Q

Quixin  
QVAR

## R

Rapamune (SP)  
Renvela  
Rescriptor (SP)  
Retin A Micro  
Reyataz (SP)  
Ridaura  
Rowasa Supp

## S

Sanctura, XR  
Seasonale  
Seasonique  
Sensipar  
Serevent  
Seroquel, XR  
Simcor  
Singulair (ST)  
Solia  
Soriatan   
Spiriva  
Sporanox soln. (PA, PAS)  
SSKI  
SureStep Test Strips  
Sustiva (SP)  
Symbicort  
Synarel

## T

Tabloid   
Tarccea (PA, PAS) (SP)   
Targretin (SP)  
Tazorac  
Temodar (PA, PAS) (SP)   
Teslac  
Thalomid (PA, PAS) (SP)  
Theo-24  
Theolair

## Tikosyn Tilade Tobi (PA, PAS) (SP) Tonocard Torecan Tracleer (PA, PAS) (SP) Travatan TravatanZ Triglide Trilipix Tri-Levlen Tri-Noriny Tri-Phasil Trisoralen Twinject

## U

Ulesfia  
UroXatral

## V

Vagifem  
Valcyte   
Valtrex   
Ventolin HFA  
Vexol  
Vfend (PA, PAS)   
Videx (SP)  
Videx EC\* (SP)  
Viokase  
Vira-A  
Viracept (SP)  
Viramune (SP)  
Viread (SP)  
Vivelle  
Vivelle-Dot  
Vytarin  
Vytarin 10/10mg (ST)

## X

Xeloda (PA, PAS) (SP)

## Y

Yasmin  
Yaz  
Yodoxin

## Z

Zemplar  
Ziagen (SP)  
Zyvox (PA, PAS)

## Brand with Generic Equivalent

\*The following brand name drugs have generics available at a Tier One copay. Depending on your plan, either a Tier Three copay or a Tier Two copay plus an ancillary charge will apply if the brand name drug is selected. Please refer to your certificate or evidence of coverage for your specific benefit.

A/T/S\*  
Accuneb\*  
Accupril\*  
Accuteric\*  
Accutane\* (PA, PAS) ☒  
Aclovate\*  
Actigall\*  
Adalat CC\*  
Adderall\* (XR (PA) Tier Three) ☒  
Adrenalin\*  
Agrylin\*  
Aldactazide\*  
Aldactone \*  
Aldomet\*  
Aldoril\*  
Allegra\*  
Alphagan\* (P Tier Three)  
Altace\* capsules (tab Tier Three)  
Alupent\*  
Amaryl\*  
Ambien\* (CR Tier Three, ST, STS) (ODT not covered) ☒  
Amicar\*  
Amoxil \* ☒  
Anafranil \*  
Analpram HC\*  
Anaprox\*, DS\*  
Anaspaz\*  
Android \* ☒  
Ansaid\*  
Antipyrine/Benzocaine Otic  
Anusol-HC\*  
Apresazide\*  
Apresoline\*  
Aralen\* ☒  
Arava\*  
Artane\*  
Atarax\*  
Ativan\* ☒  
Atrovent Soln\*  
Augmentin ES\*  
Augmentin\*  
Aventyl\*  
Axid\*  
Aygestin\*  
Azulfidine\*, EN\*  
Bacitracin ophthalmic\*  
Bactrim\* ☒ DS\* ☒  
Bactroban Oint.\*

Bentyl\*  
Benzamycin\*  
Betagan\*  
Betapace\*, AF\*  
Betoptic\*  
Biaxin\* ☒ XL\* ☒  
Bicitra\*  
Bleph10\*  
Blocadren\*  
Brethine\*  
Bromfed\*, PD\*, DM\*  
Bumex \*  
Buspar\*  
Cafergot\* ☒  
Calan\*, SR\*  
Calciferol \*  
Capoten \*  
Capozide\*  
Carafate\*  
Cardizem\*, SR\*, CD\*  
Cardura\* (XL Tier Three)  
Cartia XT\*  
Casodex\*  
Catapres\* (TTS Tier Three)  
Ceclor\*, CD\* ☒  
Ceftin\* ☒  
Cefzil\* ☒  
Celexa\*  
Cellcept\* (SP)  
Cetamide\*  
Cheracol\*  
Ciloxan Soln\*  
Cipro\* (XR Tier Three) ☒  
Cleocin\* ☒ T\* ☒ Vag\* ☒  
Climara \*  
Clinoril\*  
Clozaril\* ☒  
Cogentin\*  
Coletid\*  
Colyte\*  
Compazine\*  
Condyllox Gel\*, Soln\*  
Copegus\* (PA, PAS) (SP) ☒  
Cordarone\*  
Coreg\* (CR Tier Three, ST)  
Corgard \*  
Cortef\*  
Cortisporin\*  
Crolom \*  
Cutivate\* cream, oint (lot Tier 3)  
Cyclogyl\*  
Cycrin\*  
Cylert\*  
Cylessa\*  
Cystospaz\*  
Cytomel\*  
Cytotec\*  
Cytovene\* ☒  
Cytosan\* (SP)  
Dalmane\* ☒  
Danazol\* ☒  
Dantrium\*  
Darvocet N100\* ☒  
Darvocet N50\* ☒  
Darvon \* ☒

Daypro\*  
DDAVP\*  
Decadron\*  
Deconamine SR\*  
Deltasone\*  
Demadex\*  
Demerol\* ☒  
Depakene\*  
Depakote\*, ER\*  
Desowen\*  
Desyrel\*  
Dexedrine\* ☒  
DextroStat\* ☒  
Diabeta\*  
Diabinese\*  
Diamox\*  
Diflucan\* ☒  
Dilacor XR\*  
Dilauidid\* (oral soln Tier Three) ☒  
Diprolene\*, AF\*  
Diprosone\*  
Disalcid\*  
Ditropan\* (XL\* Tier Three)  
Diuril\*  
Dolobid\*  
Dolophine\* ☒  
Domeboro Otic\*  
Donnatal (caps Tier Three)\*  
Drysol\*  
Duoneb\*  
Duragesic\* ☒  
Duricef\* ☒  
Dyazide\*  
Dynacin\* capsules (tabs not covered) ☒  
EC-Naprosyn\*  
Econopred\*, Plus\*  
EES\* ☒  
Effexor\* (ST)  
Efudex\*  
Elavil\*  
Eldepryl\*  
Elimite\*  
Elocon\*  
Emla\* ☒  
E-Mycin\* ☒  
Eryc\* ☒  
Ery-Derm\*  
Erymax\*  
Ery-Tab\* ☒  
Erythrocin\* ☒  
Eserine\*  
Eskalith\*, CR\*  
Estrace\*  
Estraderm\*  
Estrostep\*  
Eulexin\*  
Extendril\*  
Famvir\* ☒  
Feldene\*  
Fioricet \*  
Fiorinal w/Codeine\* ☒  
Fiorinal\* ☒  
Flagyl\* (ER Tier Three) ☒  
Flexeril\*

Flonase\*  
Florinef\*  
Floxin\* ☒  
Flumadine\* ☒  
FML, FML Forte, FML S\*  
Fosamax\*  
Fulvicin P/G\* ☒  
Furadantin\* ☒  
Gantrisin\* ☒  
Garamycin\*  
Genoptic\*  
Glucophage\*, XR\*  
Glucotrol\*, XL\*  
Glucovance\*  
Glynase\*  
Golytely\* ☒  
Grifulvin V\* ☒  
Guaifuss AC\* ☒  
Halcion\* ☒  
Haldol \*  
Heparin\* ☒  
Histussin HC\* ☒  
Humatin\*  
Hycodan\* ☒  
Hycomine\* ☒  
Hycottus\* ☒  
Hydrea\* ☒  
Hydrodiuril\*  
Hygroton\*  
Hytrin\*  
Ilotycin\* ☒  
Imdur\*  
Imitrex\* ☒  
Imuran\*  
Inderal\*, LA\*  
Indocin, SR\* (suppositories Tier Three)  
Inflamase\*, Forte\*  
Intal Neb\*  
Iopidine\*  
ISMO\*  
Isoptin\*  
Isopto Atropine\*  
Isopto Carbachol\*  
Isopto Carpine\*  
Isordil\*  
Karidone \*  
Kayexalate\* ☒  
K-Dur\*  
Keflex\* ☒  
Kenalog\*  
Keppra\* (XR Tier Three, PA)  
Klaron\*  
Klonopin\* ☒  
K-Lor\*  
Klorvess\*  
K-Lyte\*  
K-Phos Neutral\*  
Kristalose\*  
Kwell\* ☒  
Lamicilt\* (Starter Pack Tier 3, ODT (PA) Tier 3, XR (PA) tier 3)  
Lamisil\* (tabs only) (4rx/yr then PA, PAS required) ☒  
Lasix\*  
Levoxyl\*

Levsin\* (SL Tier Three)  
Levsinex\*  
Librax\*  
Librium\* ☒  
Lidex\*  
Lioresal\*  
Locoid\*  
Lodine\*, XL\*  
Lofibra\*  
Lomotil\* ☒  
Loniten\*  
Lopid \*  
Lopressor\*  
Lopressor HCT\*  
Lortab\* ☒  
Lotensin HCT\*  
Lotensin\*  
Lotrel\*  
Lotrisone Cream\*, Lotion\*  
Loxitane\*  
Lozol \*  
Ludiomil\*  
Luride\*  
Luvox\* (CR Tier Three, ST)  
Macrobid \*  
Macrodantin \*  
Mandelamine\*  
Mavik\*  
Maxitrol \*  
Maxzide\*  
Meclomen\*  
Medrol \*  
Megace\*  
Mellaril \*  
Menest\*  
Mestinon\*  
Metadate ER\* ☒  
Metaglip\*  
Metimyd\*  
MetroCream\*  
MetroLotion\*  
Mevacor\*  
Mexitil\*  
Miacalcin nasal spray\*  
Microgestin\*, FE\*  
Micronase\*  
Microzide\*  
Midodrine\*  
Midamor\*  
Midrin \* ☒  
Minipress\*  
Minocin\* (tabs not covered)  
Miralax\*  
Mobic\*  
Moduretic\*  
Monodox\* (75mg not covered)  
Monopril\*  
Monopril HCT\*  
Motrin\*  
MS Contin\* ☒  
MSIR\* ☒  
Mucomyst\*  
Myambutol \*  
Mycelex Troche\*  
Mycolog II\*

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|                            |                          |                                |                                |                             |
|----------------------------|--------------------------|--------------------------------|--------------------------------|-----------------------------|
| Mycostatin* ☒              | Percocet * ☒             | Quinaglute*                    | Tapazole*                      | Valisone*                   |
| Mysoline*                  | Percodan* ☒              | Quinidex*                      | Tavist 2.68mg*                 | Valium* ☒                   |
| Nalfon*                    | Periactin *              | Rebetol (PA, PAS) (SP) ☒       | Tegretol*, XR*                 | Vaseretic*                  |
| Naprosyn* (Naprelan        | Permitil*                | Reglan*                        | Temovate*                      | Vasocidin*                  |
| Tier Three)                | Persantine*              | Remeron* (sol Tab              | Tenex*                         | Vasosulf*                   |
| Natalins*                  | Phenergan Codeine, DM,   | Tier Three)                    | Tenoretic*                     | Vasotec*                    |
| Navane*                    | VC, & VC/Codeine* ☒      | Restoril* (7.5 & 22.5mg        | Tenormin*                      | VePesid* (SP) ☒             |
| Neoral* (SP)               | Phenergan*               | Tier Three) ☒                  | Terazol*                       | Verelan SR*                 |
| Neosporin ophthalmic*      | Phentyek*                | Retin A*                       | Tessalon Perles* ☒             | Vermox* ☒                   |
| Neptazane*                 | Phoslo*                  | Retrovir* (SP) ☒               | Theodur*                       | Vesanoid (SP) ☒             |
| Neurontin*                 | Pilocar*                 | Revia* ☒                       | Thorazine* (spansule           | Vibramycin*                 |
| Nilstat*                   | Plan B 0.75mg*           | Rifadin*                       | Tier Three)                    | Vibramycin Susp* (syrup     |
| Nimotop*                   | Plaquenil*               | Rifamate*                      | Tiazac*                        | Tier Three) ☒               |
| Nitrobid *                 | Plendil*                 | Rilutek* ☒                     | Ticlid*                        | Vibra-Tabs*                 |
| NitroDur*                  | Pletal*                  | Risperdal* (M-Tab Tier Three)  | Tigan*                         | Vicodin*, ES* ☒             |
| Nitrol*                    | Polaramine*              | Ritalin* ☒ SR* ☒               | Timoptic*, XE*                 | Vicoprofen* ☒               |
| Nizoral * ☒                | PolyCitra K*             | RMS suppositories* ☒           | Tobradex (Tobra-Dex ST         | Videx EC* (SP)              |
| Nolvadex*                  | Polyhistidine CS, D, DM* | Robaxin*                       | Susp Tier Three)               | Viroptic*                   |
| Normodyne*                 | Polysporin Ophth.*       | Robitussin AC*, DAC* ☒         | Tobrex*                        | Visken*                     |
| Norpace*, CR*              | Polytrim *               | Rocaltrol*                     | Tofranil* (PM Tier Three)      | Vistaril*                   |
| Norpramin *                | Poly-Vi-Flor*            | Rondec, DM* ☒                  | Tolectin*, DS*                 | Vivactil*                   |
| Norvasc* (ODT not          | Pravachol*               | Rowasa Enema*                  | Tolinase*                      | Volmax*                     |
| covered)                   | Pred G, Forte, & Mild*   | Rynatan* ☒                     | Topamax*                       | Voltaren, XR*               |
| NovahistineDH*             | Prelone*                 | Rythmol* (SR Tier Three)       | Topicort*                      | Voltaren Ophthalmic*        |
| Nulytely* ☒                | Prevalite*               | Salagen*                       | Toprol XL*                     | Vosol*, HC*                 |
| Ocufen*                    | Primaquine* ☒            | Sandimmune* (PA)               | Toradol* ☒                     | Wellbutrin*, SR* (XL*,      |
| Ocuflox*                   | Principen* ☒             | Seasonale*                     | Trandate*                      | Tier Three, ST)             |
| Ocupress*                  | Prinivil*                | Sectral*                       | Tranxene* (SD, T Tier Three) ☒ | Westcort*                   |
| Ogen*                      | Prinzide*                | Selsun*                        | Trental*                       | Wigraine* ☒                 |
| Omnicef* ☒                 | Pro Amatine*             | Septra* ☒ DS* ☒                | Triavil*                       | Wytenzin*                   |
| Optipranolol*              | Probanthine*             | Serax* ☒                       | Trilafon*                      | Xanax*, XR* ☒               |
| Orasone*                   | Procardia XL*            | Silvadene* ☒                   | Trileptal*                     | Xerac AC*                   |
| Orinase*                   | Proctocort*              | Sinemet*, CR*                  | Trilisate*                     | Xylocaine*                  |
| Ortho Est*                 | Proctocream-HC*          | Sinequan*                      | Trimox* ☒                      | Zaditor*                    |
| Orudis*                    | Proctofoam-HC*           | Slow-K*                        | Tri-Vi-Flor*                   | Zanaflex (caps not covered) |
| Ovcon-35*                  | Prograf* (SP)            | Soma Compound*                 | Trusopt*                       | Zantac* (efferdose not      |
| OxyLR* ☒                   | Prolixin*                | Soma* (250mg not covered)      | T-Stat*                        | covered)                    |
| Pamelor*                   | Pronestyl*, SR*          | Sonata* ☒                      | Tylenol 2, 3, 4*               | Zarontin*                   |
| Pancrease*                 | Propine*                 | Spectazole*                    | Tylox* ☒                       | Zaroxolyn*                  |
| Pancrease MT*              | Proscar*                 | Sporanox capsules* (PA, PAS) ☒ | Ultracet*                      | Zebeta*                     |
| Parlodol *                 | Provential* (Not HFA)    | Stelazine*                     | Ultram* (ER, ST Tier Three)    | Zerit* (SP)                 |
| Parnate*                   | Provera*                 | Sulamyd*                       | Ultravate* cream/ointment      | Ziac*                       |
| Paxil* (CR Tier Three, ST) | Prozae* (20mg tablet &   | Sular*                         | Uniphyl*                       | Zithromax* ☒                |
| Pediazole* ☒               | weekly Tier Three)       | Sulfacet-R*                    | Uniretic*                      | Zocor*                      |
| PEG - electrolyte soln* ☒  | Psorcon*                 | Symmetrel*                     | Univasc*                       | Zofran* ☒                   |
| Pemoline*                  | Purinethol*              | Synalar*                       | Urecholine*                    | Zoloft*                     |
| Penlac* ☒                  | Pyrazinamide* ☒          | Synthroid*                     | Urised* ☒                      | Zonegran*                   |
| PENVK* ☒                   | Pyridium*                | Tagamet*                       | Urispas* ☒                     | Zovirax* (oint. Tier Three) |
| Pepcid* (RPD Tier Three)   | Questran, Light*         | Tambocor*                      | Urocit K*                      | Zyloprim*                   |

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# Tier Three

## Alternative Tier One or Tier Two Drugs

| Non Formulary Drugs                                | Formulary Alternative   |
|--|---|
| <b>A</b>   |   |
| Ability (PA)                                       | Clozaril*  Risperdal*, Seroquel, Seroquel XR  |
| Accu-chek brand test strips (PA, PAS)              | One Touch Test Strips   |
| Aceon  | Zestril*, Prinivil*, Lotensin*, Accupril*   |
| Acipex (ST)  | Prilosec OTC™*, omeprazole*, Nexium   |
| Actiq (PA, PAS)                                    | Oxy IR*  MSIR*  Dilaudid* (oral soln non-form)  |
| Activella®   | Prempro, Premphase  |
| Actonel  | Fosamax*  |
| ACTOplusmet (PA)                                   | Actos (PA) plus Glucophage*   |
| Acular   | Ocufen*, Voltaren   |
| Adderall XR  (PA > 17yrs)<br>(generic not covered) | Adderall*  Ritalin*  Ritalin SR*  Metadate ER*  Concerta  |
| Advicor  | Zocor*, Simcor  |
| Aerobid  | Flovent, QVAR, Asmanex  |
| Alocril  | Zaditor OTC* (Requires Doctor's Prescription), Alaway*, Crolom*, Alamast  |
| Alomide  | Zaditor OTC* (Requires Doctor's Prescription), Alaway*, Crolom*, Alamast  |
| Aloxi  | Zofran*   |
| Alphagan-P   | Alphagan*   |
| Ambien CR (ST, STS)                                | Ambien*  Ativan*  Halcion*  Serax*  |
| Amerge   | Restoril*  Sonata*  |
| Amitiza (ST, STS)                                  | Miralax OTC*, Chronulac*, Colyte*   |
| Androderm (PA, PAS)<br>(not covered)               | Androgel (PA, PAS)  |
| Anzemet  | Compazine*, Phenergan*, Tigan*, Zofran*   |
| Apidra   | Humalog   |
| Arthrotec  | Voltaren* plus Cytotec*   |
| Ascensia Brand Test Strips (PA, PAS)               | One Touch Test Strips   |
| Atacand (PA, PAS)                                  | Benicar, Micardis   |
| Atacand HCT (PA, PAS)                              | Benicar HCT, Micardis HCT   |
| Auralgan   | A/B Otic Soln   |
| Avalide (PA, PAS)                                  | Benicar HCT, Micardis HCT   |
| Avandaryl (PA)                                     | Avandia (PA) plus Amaryl*   |
| Avapro (PA, PAS)                                   | Benicar, Micardis   |
| Avita Gel  | Retin A*, Retin A Micro   |
| Avodart  | Proscar*, Uroxatral   |
| Axert  | Imitrex*  Maxalt  |
| Azmacort   | QVAR, Asmanex, Flovent  |
| Azor (PA, PAS)                                     | Norvasc* plus Benicar, Norvasc* plus Micardis   |
| <b>B</b>   |   |
| Baraclude (SP)                                     | Epivir HBV (SP)   |
| Beclovent  | Hepsera (SP)  |
| Beconase   | Flovent, QVAR, Asmanex  |
| Benzaclin  | Flonase*, Nasonex, Nasalide*  |
| Betoptic S   | OTC Benzoyl Peroxide plus Topical Clindamycin*  |
| Boniva   | Betoptic*, Timoptic*, Timoptic XE*, Betagan*  |
|  | Fosamax*  |
| <b>C</b>   |   |
| Brovana (PA)                                       | Spiriva, Advair, Symbicort, Serevent  |
| Buphenyl (PA)                                      | no alternative available  |
| Byetta (PA, PAS)                                   | Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*  |
| <b>D</b>   |   |
| Caduet (not covered)                               | Norvasc* plus Zocor*  |
| Cardizem LA  | Cardizem CD*  |
| Catapres TTS®                                      | Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura*  |
| Celebrex (ST)                                      | Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*                                    |
| Cenestin   | Premarin, Ogen*   |
| Cialis  (2.5mg not covered)                        | Claritin* OTC or Zyrtec*  |
| Clarinex (ST)                                      | OTC are covered with a Doctor's prescription  |
| Clarinex D (ST)                                    | Claritin D* OTC or Zyrtec D* OTC are covered with a Doctor's prescription   |
| Colaza   | Azulfidine*, Asacol   |
| Colcrys  | Colchicine*   |
| Coreg CR (ST)                                      | Coreg*  |
| Cosopt   | Timoptic* plus Azopt  |
| Cozaar   | Benicar, Micardis   |
| Cymbalta (PA, PAS)                                 | Celexa*, Prozac*, Zoloft*, Paxil*   |
| <b>E</b>   |   |
| Daytrana<br>(PA, PAS > 17yrs)                      | Adderall*  Ritalin*  Ritalin SR*  Metadate ER*  Concerta  |
| Detrol/Detrol LA (ST)                              | Ditropan*, Sanctura, Sanctura XR  |
| Differin   | Retin-A*  |
| Diovan (PA, PAS)                                   | Benicar, Micardis   |
| Diovan HCT (PA, PAS)                               | Benicar HCT, Micardis HCT   |
| Dipentum   | Azulfidine*, Asacol   |
| Ditropan XL  | Ditropan*, Sanctura, Sanctura XR  |
| Duac   | OTC Benzoyl Peroxide plus Topical Clindamycin*  |
| Duetact (PA)                                       | Actos (PA) plus Amaryl*   |
| Dynacirc CR  | Norvasc*  |
| <b>F</b>   |   |
| Femcon   | Desogen*, Necon*, Nordette*, Norinyl*, Ortho Cept*, Ortho Cyclen*, Ortho Novum*, Yasmin*, Yaz                     |
| FemHRT   | Prempro, Premphase  |
| FemPatch   | Estraderm*, Vivelle   |
| Fentora (PA, PAS)                                  | Morphine oral sol, OxyLR*   |
| Flomax   | Cardura*, Hytrin*, Uroxatral  |
| <b>G</b>   |   |
| Focalin  | Adderall*  Ritalin*  Concerta   |
| Focalin XR (PA > 17yrs)                            | Adderall*  Ritalin*  Ritalin SR*  Metadate ER*  Concerta  |
| Foradil  | Serevent  |
| Frova  | Imitrex*  Maxalt  |
| <b>H</b>   |   |
| Gabitril   | Nuerontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER* |
| Geodon (PA)  | Risperdal*, Seroquel, Seroquel XR   |
| <b>I</b>   |   |
| Innopran XL  | Inderal LA*, Toprol XL*, Lopressor*, Coreg*   |
| Insulins   | Lilly Brand Insulins  |
| Novo Brand   |   |
| Invega (PA)  | Risperdal*, Seroquel, Seroquel XR   |
| Iressa (PA, PAS) (SP)                              | Tarceva (PA, PAS) (SP)  |
| Isentress (PA, PAS) (SP)                           | Requires Prior Auth   |
| <b>K</b>   |   |
| Kapidex (ST)                                       | Prilosec OTC™*, omeprazole*, Nexium   |
| Keppra XR (PA)                                     | Keppra*, Neurontin*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER* |
| Ketek  | First Line Generic Antibiotics  |
| Kuvan (PA, PAS) (SP)                               | Requires Prior Auth   |
| Kytril   | Zofran*   |
| <b>L</b>   |   |
| Lamictal ODT (PA), XR (PA), Starter Pack           | Lamictal*, Neurontin*, Keppra*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER* |
| Lamisil Granules                                   | Lamisil* tab  |
| Lescol, XL (ST)                                    | Zocor*, Pravachol*, Mevacor*  |
| Letairis (PA, PAS) (SP)                            | Tracleer (PA, PAS) (SP)   |
| Levaquin   | Cipro*  Avelox  |
| Levitra  |   |
| Lipitor 10mg, 20mg (ST)                            | Zocor*, Pravachol*  |
| Lipitor 40mg, 80mg (ST)                            | Crestor (5mg ST), Vytorin (10/10mg ST)  |
| Loestrin 24 FE                                     | Yaz, Several other oral contraceptives are available on the Formulary   |
| Loprox   | Nizoral*  or Nystatin*  |
| Lotemax  | Pred Forte*, Decadron*, FML Liquifilm*  |
| Lovaza (PA)  | Lofibra*, Tilipix, Triglide, Niaspan  |
| Luvox CR (ST)                                      | Luvox*, Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST)   |
| Lyrica (PA, PAS)                                   | Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER* |

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† Brand name medications and the generic equivalent are covered at a higher member cost.

The lower cost alternatives are listed only as suggestions. Please discuss their appropriateness with your Doctor.

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**M**

|                            |  |
|----------------------------|--|
| Marinol (PA, PAS)          | Requires Prior Auth  |
| Maxair                     | Ventolin HFA   |
| Metadate CD (PA > 17yrs) ☒ | Adderall* ☒ Ritalin* ☒<br>Ritalin SR* ☒ Metadate ER* ☒<br>Concerta ☒ |
| Metrogel 1% (ST)           | Metronidazole 0.75% Gel  |
| Mirapex                    | Requip*  |
| Multaq                     | Cordarone*   |

**N**

|                          |  |
|--------------------------|--|
| Naprelan <sup>π</sup>    | Motrin*, Naprosyn*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*, Mobic* |
| Nasacort                 | Flonase*, Nasonex, Nasalide*   |
| Nexavar (PA, PAS) (SP) ☒ | Requires Prior Auth  |
| Niravam (ST) ☒           | Xanax* ☒   |
| Noroxin ☒                | Cipro* ☒ Floxin* ☒ Avelox ☒  |
| Norgesic/Norflext        | Flexeril*, Lioresal*, Robaxin*, Soma* (250mg not covered)                      |
| Novo Brand Insulins      | Lilly Brand Insulins   |
| Noxfil (PA, PAS)         | Requires Prior Auth  |
| Nucynta (PA, PAS) ☒      | MSIR* ☒ Oxycodone IR* ☒  |
| Nuvigil (PA, PAS) ☒      | Ritalin* ☒ Dexedrine* ☒ Adderall* ☒  |

**O**

|                       |  |
|-----------------------|--|
| Onglyza (PA)          | Januvia (PA)   |
| Opana IR (PA, PAS) ☒  | MSIR* ☒ Oxycodone IR* ☒                                    |
| Ortho Evra            | Several oral contraceptives are available on the Formulary |
| Oxistat               | Nizoral* ☒ or Nystatin* ☒                                  |
| Oxycontin (PA, PAS) ☒ | MS Contin* ☒ Duragesic* ☒                                  |
| Oxytrol (ST)          | Kadian ☒ Opana ER ☒<br>Ditropan*, Sanctura, Sanctura XR    |

**P**

|                                 |  |
|---------------------------------|--|
| Parafon Forte DSC <sup>π</sup>  | Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)                             |
| Pataday                         | Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)                    |
| Patanol                         | Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)                    |
| Paxil CR <sup>π</sup> (ST)      | Celexa*, Prozac*, Zoloft*, Paxil*  |
| Pentasa Perfomist (PA)          | Asacol Spiriva, Advair, Symbicort, Serevent  |
| Prandin                         | Diabeta*, Glucotrol*, Amaryl*  |
| Prefest                         | Prempro, Premphase   |
| Premarin Vag Cream              | Estrace Vag Crm, Vagifem   |
| Prevacid (ST)                   | Prilosec OTC™*, omeprazole*, Nexium  |
| Prevpac                         | Prilosec OTC™* 20mg plus amoxicillin and clarithromycin                                |
| Pristiq (ST)                    | Effexor*(ST), Effexor XR (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST), Luvox* |
| ProAir HFA                      | Ventolin HFA   |
| Procardia Capsules <sup>π</sup> | Calan SR*, Cardizem CD*, Adalat CC*, Procardia XL*                                     |

**Protonix<sup>π</sup> (ST)**

|                                 |   |
|---------------------------------|---|
| Protopic ☒                      | Omeprazole*, Prilosec OTC* (Require's Doctor's Prescription), Nexium Hydorcortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort* |
| Provontil HFA                   | Ventolin HFA  |
| Provigil (PA, PAS) ☒            | Ritalin* ☒ Dexedrine* ☒ Adderall* ☒   |
| Prozac Weekly (ST)              | Prozac Capsules*  |
| Pulmicort Flexhaler/ Turbuhaler | Flovent, QVAR, Asmanex  |

**Q**

|                     |   |
|---------------------|---|
| Qualaquin (PA, PAS) | Aralen*. Lariam*, Plaquenil*, Primaquine* |
|---------------------|---|

**R**

|                             |   |
|-----------------------------|---|
| Renagel                     | Phoslo*, Revella                        |
| Ranexa (PA, PAS)            | Requires Prior Auth                     |
| Regranex (PA, PAS)          | Requires Prior Auth                     |
| Relistor (PA, PAS)          | Lactulose*, Miralax* OTC (tier 1 copay) |
| Relpax ☒                    | Maxalt* ☒ Imitrex* ☒                    |
| Remeron Soltab <sup>π</sup> | Remeron*, Celexa*, Ludiomil*, Desyrel*  |
| Remimyl                     | Aricept, Namenda                        |
| Requip XL (ST)              | Requip*                                 |
| Rescula                     | Lumigan, Travatan                       |
| Restasis                    | Various OTC artificial tears available  |
| Restoril 7.5mg, 22mg ☒      | Restoril* 15mg ☒ & 30mg ☒               |
| Revatio (PA, PAS) (SP) ☒    | Adcirca (PA, PAS) (SP) ☒                |
| Revlimid (PA, PAS) (SP) ☒   | Requires Prior Auth                     |
| Ritalin LA (PA > 17yrs) ☒   | Adderall* ☒ Ritalin* ☒                  |
| Rogaine                     | Ritalin SR* ☒ Metadate ER* ☒ Concerta ☒ |
| Rozerem (ST, STS) ☒         | Benefit exclusion                       |
| Ryzolt (ST)                 | Ambien* ☒ Sonata* ☒ Ultram*             |

**S**

|   |  |
|---|--|
| Sarafem (tabs not covered) <sup>π</sup> | Prozac Capsules*   |
| Serzone <sup>π</sup>                    | Celexa*, Prozac*, Zoloft*, Paxil*                          |
| Skelaxin                                | Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered) |
| Sprycel (PA, PAS) (SP) ☒                | Requires Prior Auth  |
| Stadol NS <sup>π</sup>                  | Tylenol with Codeine* ☒                                    |
| Starlix <sup>π</sup>                    | Darvocet-N 100* ☒ Ultram*                                  |
| Striant (PA, PAS) ☒                     | Diabeta*, Glucotrol*, Amaryl*                              |
| (not covered)                           | Androge <sup>π</sup> (PA, PAS)                             |
| Strattera                               | Ritalin* ☒ Adderall* ☒ Concerta ☒                          |
| Suboxone (PA, PAS)                      | Requires Prior Auth  |
| Subutex (PA, PAS)                       | Requires Prior Auth  |
| Sutent (PA, PAS) (SP)                   | Requires Prior Auth  |
| Symbax (PA)                             | Prozac* plus Risperdal*                                    |
| Symlin (PA, PAS)                        | Humulin, Humalog, Lantus, Levemir                          |

**T**

|                        |                       |
|------------------------|-----------------------|
| Tamiflu <sup>π</sup>   | Mavik* plus Calan SR* |
| Tarka                  | Requires Prior Auth   |
| Tasigna (PA, PAS) (SP) | Comtan                |
| Tasmar                 | Benicar, Micardis     |

**Tekturna HCT (PA, PAS)**

|                         |  |
|-------------------------|--|
| Testim (not covered)    | Benicar HCT, Micardis HCT Androgel (PA, PAS) ☒ |
| Teveten (PA, PAS)       | Benicar, Micardis                              |
| Teveten HCT (PA, PAS)   | Benicar HCT, Micardis HCT                      |
| Tofranil PM             | Tofranil*                                      |
| Toviaz                  | Ditropan*, Sanctura, Sanctura XR               |
| Tricor                  | Lofibra*, Trilipix, Fenoglide, Triglide        |
| Tussionex <sup>π</sup>  | Robitussin AC <sup>π</sup> , Hycodan*          |
| Tykerb (PA, PAS) (SP) ☒ | Requires Prior Auth                            |

**U**

|                |           |
|----------------|-----------|
| Uloric (ST)    | Zyloprim* |
| Ultram ER (ST) | Ultram*   |

**V**

|                           |  |
|---------------------------|--|
| Ventavis (PA, PAS) (SP) ☒ | Requires Prior Auth Flonase*, Nasonex  |
| Veramyst                  | Calan*, SR*, Cardizem CD*, Adalat CC*, Procardia XL*   |
| Verelan PM                | Vesicare (ST)  |
| Vimat                     | Tobraex* ☒ Gentamicin* ☒ Ciloxan* ☒ Ocufluo* ☒ Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER* |
| Vyvanse (PA > 17yrs) ☒    | Adderall* ☒ Ritalin* ☒ Ritalin SR* ☒ Metadate ER* ☒ Concerta ☒   |

**W**

|                            |                             |
|----------------------------|-----------------------------|
| Welchol                    | Questran/Colestid*          |
| Wellbutrin XL <sup>π</sup> | Wellbutrin SR*, Wellbutrin* |

**X**

|                        |   |
|------------------------|---|
| Xalatan                | Ventolin HFA, albuterol neb   |
| Xopenex, HFA           | Adderall* ☒ Ritalin* ☒  |
| Xyrem (PA, PAS) (SP) ☒ | Generic over-the-counter loratadine and cetirizine are covered with a Doctor's prescription |
| Xyzal (ST)             |   |

**Z**

|                                |   |
|--------------------------------|---|
| Zantac Efferdose (not covered) | Zantac tab/cap*, Tagamet*, Pepcid*  |
| Zavesca (PA, PAS) (SP) ☒       | Requires Prior Auth Prilosec OTC™*, omeprazole*, Nexium Eldepryl*               |
| Zegerid                        | Zithromax* ☒  |
| Zelapar ODT (ST)               | Zocor*, Pravachol*, Vytorin (10/10mg ST), Niaspan                               |
| ZMax <sup>π</sup>              | Imitrex* ☒ Maxalt <sup>π</sup>  |
| Zetia                          | Oral Zovirax*   |
| Zolinza (PA, PAS) (SP) ☒       | Benefits exclusion  |
| Zomig <sup>π</sup>             | Tobradex*   |
| Zovirax Ointment <sup>π</sup>  | Zyprexa (PA)  |
| Zyban <sup>π</sup>             | Tobrex* ☒ Gentamicin* ☒ Ciloxan* ☒ Ocufluo* ☒ Risperdal*, Seroquel, Seroquel XR |

\* A generic equivalent is available at the tier one copay for formulary drugs.

<sup>π</sup> Brand name medications and the generic equivalent are covered at a higher member cost.

The lower cost alternatives are listed only as suggestions. Please discuss their appropriateness with your Doctor.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

☒ Not available as 90-day supply

## Prior Authorization

Coventry Health Care has two broad goals for the prescription drug benefit we offer. One is to never compromise the quality or effectiveness of treatment. The second is to provide a comprehensive, affordable pharmacy benefit. One of the tools we use to help control prescription drug costs is to require prior approval, or authorization, before our organization will cover the cost of certain medications. These medications include those that (1) are not suggested for first-line therapy, (2) may require special tests before starting them or (3) have very limited approval for use. Drugs that could require Prior Authorization are identified by (PA) for members with the Standard Prior Authorization Program and (PAS) for members with the RxSelect Prior Authorization Program.

Step Therapy is an automated form of Prior Authorization based on previous pharmaceutical treatment. Drugs designated as stepped therapy will require prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim. Drugs that could require Step Therapy are identified by (ST) for members with the Standard Step Therapy Program and (STS) for members with the RxSelect Step Therapy Program.

Only your physician can provide the information necessary to complete the prior authorization process. If you have been prescribed one of the drugs identified by (PA), (PAS), (ST) or (STS), make sure your doctor knows that this medication requires prior authorization. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100.

## Specialty Medications

SP indicates specialty medications. Some plans direct distribution of specialty medications through a participating specialty pharmacy. Please call the Customer Service number on the back of your ID card for a referral to a participating specialty pharmacy or with questions regarding your pharmacy benefit.

## Self-Administered Injectable Formulary

The following medications require prior authorization and are covered through our contracted Specialty Pharmacy. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100 to request prior authorization. We limit these drugs to a one month supply at a time or the quantity prescribed in the prescription order, whichever is less.

| Formulary Agents                 | Non-Formulary            | Formulary Alternatives                       |
|----------------------------------|--------------------------|--|
| Actimmune                        | Aranesp                  | Procrit                                      |
| Apokyn                           | Arixtra♦                 | Fragmin♦, Lovenox♦                           |
| Arcalyst                         | Betaseron                | Avonex, Copaxone                             |
| Avonex                           | Caverject                | Erectile Dysfunction Medications on 3rd tier |
| Copaxone                         | Cimzia                   | Enbrel, Humira                               |
| Enbrel                           | D.H.E 45                 | Migranal, Imitrex*, Maxalt                   |
| Fragmin♦                         | Edex                     | Erectile Dysfunction Medications on 3rd tier |
| Fuzeon                           | Epogen                   | Procrit                                      |
| Humira                           | Extavia                  | Avonex, Copaxone                             |
| Intron-A                         | Forteo                   | Fosamax*                                     |
| Leukine                          | Genotropin♦              | Norditropin♦                                 |
| Lovenox♦                         | Humatrope♦               | Norditropin♦                                 |
| Neupogen                         | Ilaris                   | Arcalyst                                     |
| Norditropin♦                     | Increlex                 |  |
| Pegasys                          | Infergen                 | Pegasys                                      |
| Procrit                          | Innohep♦                 | Fragmin♦, Lovenox♦                           |
| Sandostatin* (LAR under medical) | Kineret                  | Enbrel, Humira                               |
|                                  | Miacalcin Injection      | Miacalcin Nasal Spray*                       |
|                                  | Neulasta                 | Neupogen                                     |
|                                  | NutropinAQ♦              | Norditropin♦                                 |
|                                  | Peg-Intron (not covered) | Pegasys                                      |
|                                  | Rebif                    | Avonex, Copaxone                             |
|                                  | Saizen♦                  | Norditropin♦                                 |
|                                  | Serostim♦                |  |
|                                  | Simponi                  | Enbrel, Humira                               |
|                                  | Somavert                 | Sandostatin                                  |
|                                  | Tev-Tropin♦              | Norditropin♦                                 |
|                                  | Valtropin♦               | Norditropin♦                                 |
|                                  | Vivaglobin               | (refer to medical benefit for IVIG)          |
|                                  | Zorbtive                 |  |

\* Generic is on the Formulary

♦ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

⌘ Some plans cover only one growth hormone product -- Norditropin. Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen, Tev-Tropin, and comparable agents are not covered. Please contact Member Services with questions if your doctor prescribes a growth hormone agent that is not covered.

For some benefit plans, self-administered injectables may be included under a member's medical benefit, not the pharmacy benefit plan. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your self-administered injectable benefit.

All self administered injectables require prior authorization.

For more updated  
information, visit  
our web site at:

[www.CovHealth.com](http://www.CovHealth.com)





# Coventry Health Care Quantity Limit List

Quantity limits listed are 'per fill' unless noted as per day, per month or per year. Limits apply to all strengths and generic equivalents, unless otherwise noted. Each fill requires the applicable copay or coinsurance based on member specific health plan documents.

| Drug Name                            | Limit          | Drug Name                                 | Limit          | Drug Name                                | Limit            |
|--------------------------------------|----------------|---|----------------|--|------------------|
| Abilify                              | 1 per day      | Avandaryl                                 | 1 per day      | Concerta 18, 27, 54mg                    | 1 per day        |
| Accutane                             | 2 per day      | Avandia                                   | 1 per day      | Concerta 36mg                            | 2 per day        |
| Aceon 2mg, 4mg                       | 1 per day      | Avapro                                    | 1 per day      | Contraceptives, oral                     | 1 per day        |
| Aceon 8mg                            | 2 per day      | Avelox                                    | 14 tabs        | Cordran tape                             | 1 unit           |
| Aciphex                              | 1 per day      | Avinza 30, 45, 60, 75, 90mg               | 1 per day      | Coreg CR                                 | 1 per day        |
| Activella                            | 1 per day      | Avita cream, gel                          | 45gm           | Cozaar                                   | 1 per day        |
| Actonel 5mg, 30mg                    | 1 per day      | Avodart                                   | 1 per day      | Crestor                                  | 1 per day        |
| Actonel 35mg                         | 4 tabs per mo  | Axert                                     | 6 tabs         | Cycloset                                 | 6 per day        |
| Actonel 35mg w/ Calcium              | 1 pk (28 tabs) | Azilect                                   | 1 per day      | Cymbalta 20mg                            | 2 per day        |
| Actonel 75mg                         | 2 tabs per mo  | Azmacort                                  | 2 inh          | Cymbalta 30mg, 60mg                      | 1 per day        |
| Actonel 150mg                        | 1 tab per mo   | Azor                                      | 1 per day      | Daytrana patch                           | 1 per day        |
| Actoplusmet                          | 2 per day      | Baraclude                                 | 1 per day      | Depo SubQ Provera 104                    | 1 inj/90 days    |
| Actos                                | 1 per day      | Benicar, Benicar HCT                      | 1 per day      | Depo-Provera 150mg/ml                    | 1 dose per 3 mos |
| Acuvail                              | 1 bottle       | Benzaclin                                 | 25gm           | Detrol LA                                | 1 per day        |
| Adalat CC 30mg, 90mg                 | 1 per day      | Bepreve                                   | 1 bottle       | Diastat                                  | 1 pk (2 doses)   |
| Adalat CC 60mg                       | 2 per day      | Biaxin susp                               | 150ml          | Diflucan                                 | 1 per day        |
| Adcirca                              | 2 per day      | Biaxin, Biaxin XL                         | 28 tabs        | Dilacor XR 120, 180mg                    | 1 per day        |
| Adderall XR                          | 1 per day      | Blood Glucose Monitor                     | 1 per year     | Dilacor XR 240mg                         | 2 per day        |
| Advicor 500-20, 750-20,<br>1000-40mg | 1 per day      | Boniva 2.5mg                              | 1 per day      | Diovan, Diovan HCT                       | 1 per day        |
| Advicor 1000-20mg                    | 2 per day      | Boniva 150mg                              | 1 tab per mo   | Ditropan XL 5mg                          | 1 per day        |
| Aerobid/Aerobid M                    | 2 inh          | Brovana                                   | 60 vl (120ml)  | Ditropan XL 10mg, 15mg                   | 2 per day        |
| Aerochamber                          | 1 per year     | Byetta                                    | 1 pen          | Duetact                                  | 1 per day        |
| Afinitor                             | 1 per day      | Bystolic 2.5mg, 5mg                       | 1 per day      | Duoneb                                   | 180vl (540ml)    |
| Aldara cream                         | 12 pkts        | Bystolic 10mg                             | 1 per day      | Duragesic 12mcg/hr                       | 10 patches       |
| Alinia Susp                          | 3 bottles      | Bystolic 20mg                             | 2 per day      | Dynacirc CR 5mg                          | 1 per day        |
| Alinia tabs                          | 6 tabs         | Calan SR 120mg                            | 1 per day      | Dynacirc CR 10mg                         | 2 per day        |
| Allegra 180mg                        | 1 per day      | Campral                                   | 6 per day      | Edex Injection                           | 6 syr            |
| Allegra 30mg, 60mg                   | 2 per day      | Cardizem CD 120, 300,<br>360mg            | 1 per day      | Effexor XR                               | 1 per day        |
| Allegra D 12 hour                    | 2 per day      | Cardizem CD 240mg                         | 2 per day      | Effient                                  | 1 per day        |
| Allegra D 24 hour                    | 1 per day      | Cardizem LA 120, 300, 360,<br>420mg       | 1 per day      | Elidel 1%                                | 60gm             |
| Alora                                | 1 box (8 ptch) | Cardizem LA 240mg                         | 2 per day      | Embeda                                   | 2 per day        |
| Aloxi caps                           | 1 per fill     | Cardura 1mg, 2mg, 4mg                     | 1 per day      | Emend                                    | 3 caps           |
| Altace 1.25, 2.5, 5mg                | 1 per day      | Cardura 8mg                               | 2 per day      | Emend Tripack                            | 1 pk (3 caps)    |
| Altace 10mg                          | 2 per day      | Cardura XL 4mg, 8mg                       | 1 per day      | Emsam                                    | 1 per day        |
| Altoprev                             | 1 per day      | Casodex                                   | 1 per day      | Emtriva                                  | 1 per day        |
| Alupent 200 inh can                  | 2 cans         | Catapres Patches                          | 1 box (4 ptch) | Enablex                                  | 1 per day        |
| Amaryl 1mg, 2mg                      | 1 per day      | Caverject Injection                       | 6 syr          | Enjuvia 0.3mg, 0.45mg,<br>0.625mg, 0.9mg | 1 per day        |
| Amaryl 4mg                           | 2 per day      | Cefaclor ER 500mg                         | 14 tabs        | Enjuvia 1.25mg                           | 2 per day        |
| Ambien                               | 1 per day      | Celebrex 50, 100, 200,<br>400mg           | 2 per day      | Epiduo                                   | 1 unit           |
| Ambien CR                            | 1 per day      | Celexa                                    | 1.5 per day    | Epi-Pen, Epi-Pen Jr.                     | 2 doses          |
| Amerge                               | 9 tabs         | Cenestin 0.3mg, 0.45mg,<br>0.625mg, 0.9mg | 1 per day      | Estraderm                                | 1 box (8 ptch)   |
| Amitiza                              | 2 per day      | Cenestin 1.25mg                           | 2 per day      | Estrasorb                                | 2 pkt per day    |
| Androgel Packet                      | 1 pkt per day  | Cesamet                                   | 2 per day      | Evoxac                                   | 3 per day        |
| Androgel Pump                        | 150gm          | Cialis                                    | 4 tabs per mo  | Exelon caps                              | 2 per day        |
| Anzemet                              | 10 tabs        | Cipro XR 500mg                            | 3 tabs         | Exelon patch                             | 1 per day        |
| Arava                                | 1 per day      | Cipro XR 1000mg                           | 14 tabs        | Exelon solution                          | 1 bottle         |
| Aricept, Aricept ODT                 | 1 per day      | Clarinex, Clarinex D 24H                  | 1 per day      | Exforge, Exforge HCT                     | 1 per day        |
| Arimidex                             | 1 per day      | Clarinex D 12H                            | 2 per day      | Factive                                  | 7 tabs           |
| Aromasin                             | 1 per day      | Claritin, Claritin D 24H                  | 1 per day      | Famvir                                   | 21 tabs          |
| Asacol HD                            | 3 per day      | Claritin D 12H                            | 2 per day      | Fanapt                                   | 2 per day        |
| Atacand, Atacand HCT                 | 1 per day      | Climara, Climara Pro                      | 1 box (4 ptch) | Femhrt                                   | 1 per day        |
| Atripla                              | 1 per day      | Coartem                                   | 24 tabs        | Fenoglride                               | 1 per day        |
| Atrovent HFA                         | 2 inh          | Colcrys                                   | 9 tabs         | Fentora                                  | 4 per day        |
| Atrovent Nasal Spray                 | 1 bottle       | Combunox                                  | 28 tabs        | Flomax                                   | 2 per day        |
| Augmentin XR                         | 40 tabs        |   |                | Flonase Nasal Spray                      | 2 bottles        |
| Avalide                              | 1 per day      |   |                | Flunisolide                              | 2 bottles        |
| Avandamet                            | 2 per day      |   |                |  |                  |

# Coventry Health Care

## Quantity Limit List

| Drug Name                   | Limit            | Drug Name                                | Limit          | Drug Name                                 | Limit          |
|-----------------------------|------------------|--|----------------|---|----------------|
| Focalin                     | 2 per day        | Lamictal XR 200mg                        | 3 per day      | Opana ER                                  | 2 per day      |
| Focalin XR                  | 1 per day        | Lamisil tabs                             | 1 per day      | Oracea                                    | 1 per day      |
| Foradil Aerolizer           | 2 caps per day   | Lamisil 125mg granules                   | 2 per day      | Ortho Evra                                | 3 patches      |
| Fosamax + D                 | 4 tabs per mo    | Lamisil 187.5mg granules                 | 1 per day      | Ovide                                     | 1 bottle       |
| Fosamax 35mg, 70mg          | 4 tabs per mo    | Lescol, Lescol XL                        | 1 per day      | Oxycontin                                 | 2 per day      |
| Fosamax 5mg, 10mg, 40mg     | 1 per day        | Levaquin                                 | 14 tabs        | Oxytrol                                   | 1 bx (8 ptchs) |
| Fosamax Solution            | 4 btl (300ml)    | Levaquin Susp                            | 280ml          | Paxil 10mg, 20mg                          | 1 per day      |
| Fragmin                     | 1 dose per day   | Levitra                                  | 4 tabs per mo  | Paxil 30mg                                | 2 per day      |
| Frova                       | 9 tabs           | Lexapro 10mg                             | 1.5 per day    | Paxil 40mg                                | 1.5 per day    |
| Gabitril 2mg                | 1 per day        | Lexapro 5mg, 20mg                        | 1 per day      | Paxil CR 12.5mg, 37.5mg                   | 1 per day      |
| Gabitril 4mg, 12mg          | 4 per day        | Lipitor                                  | 1 per day      | Paxil CR 25mg                             | 2 per day      |
| Gabitril 16mg               | 3 per day        | Livalo                                   | 1 per day      | Peak Flow Meter                           | 1 per year     |
| Gelniique                   | 1 box (30 pkts)  | Lotrel 2.5/10.5/10.5/20,<br>10/20, 10/40 | 1 per day      | Perforomist                               | 60vl (120ml)   |
| Geodon                      | 2 per day        | Lovaza                                   | 4 per day      | Pexeva 10mg, 20mg, 40mg                   | 1 per day      |
| Glucagen Hypokit            | 1 kit            | Lovenox                                  | 2 syr per day  | Pexeva 30mg                               | 2 per day      |
| Glucagon Emergency Kit      | 1 kit            | Lumigan                                  | 2.5ml/mo       | Plan B                                    | 1 pk (2 tabs)  |
| Glucophage XR               | 4 per day        | Lunesta                                  | 1 per day      | Plan B One-Step                           | 1 pk (1 tab)   |
| Hepsera 10 mg               | 1 per day        | Luvox 25mg, 50mg                         | 1 per day      | Plavix 75mg                               | 1 per day      |
| Humapen Memoir              | 1 pen per yr     | Luvox CR                                 | 2 per day      | Plavix 300mg                              | 1 tab          |
| Hytrin 1mg, 5mg             | 1 per day        | Lyrica 25, 50, 75, 100,<br>150, 200mg    | 3 per day      | Plendil                                   | 1 per day      |
| Hytrin 2mg, 10mg            | 2 per day        | Lyrica 225mg, 300mg                      | 2 per day      | Prandimet                                 | 2 per day      |
| Hyzaar                      | 1 per day        | Marinol                                  | 2 per day      | Pravachol 10, 20, 80mg                    | 1 per day      |
| Imdur 30mg, 60mg            | 1 per day        | Mavik 1mg, 2mg                           | 1 per day      | Pravachol 40mg                            | 2 per day      |
| Imdur 120mg                 | 2 per day        | Mavik 4mg                                | 2 per day      | Prefest                                   | 1 per day      |
| Imitrex pre-filled Syringe  | 2 bx (4 doses)   | Maxair Autohaler                         | 1 inh          | Premarin 0.3mg, 0.45mg,<br>0.625mg, 0.9mg | 1 per day      |
| Imitrex Nasal Spray 20mg    | 1 bx (6 doses)   | Maxalt, Maxalt MLT                       | 9 tabs         | Premarin 1.25mg                           | 2 per day      |
| Imitrex Nasal Spray 5mg     | 2 bx (12 doses)  | Menostar                                 | 1 bx (4 ptch)  | Premphase                                 | 1 per day      |
| Imitrex tabs                | 9 tabs           | Mepron                                   | 1 btl (210ml)  | Prempro                                   | 1 per day      |
| Imitrex vials               | 1 bx (2.5ml;5vl) | Metadate CD                              | 1 per day      | Prevacid cap, SoluTab                     | 1 per day      |
| Inderal LA 60mg             | 1 per day        | Metadate ER                              | 3 per day      | Prevacid NapraPac                         | 1 pk per mo    |
| Innopran XL 120mg           | 1 per day        | Metaglip                                 | 4 per day      | Prevacid Packet                           | 1 per day      |
| Innopran XL 80mg            | 2 per day        | Mevacor 10mg, 20mg                       | 1 per day      | Prezista                                  | 2 per day      |
| Inspra 25mg                 | 1 per day        | Mevacor 40mg                             | 2 per day      | Prilosec 10mg                             | 1 per day      |
| Inspra 50mg                 | 2 per day        | Miacalcin Nasal Spray                    | 1 bottle       | Prilosec 20mg                             | 2 per day      |
| Intal Inhaler               | 2 inh            | Micardis, Micardis HCT                   | 1 per day      | Prilosec OTC (20mg)                       | 2 per day      |
| Intelence                   | 4 per day        | Migranal Nasal Spray                     | 1 pkg (8 btls) | Pristiq                                   | 1 per day      |
| Intuniv                     | 1 per day        | Mobic 7.5mg                              | 2 per day      | ProAir HFA                                | 2 inh          |
| Invega 3mg, 9mg             | 1 per day        | Mobic 15mg                               | 1 per day      | Procardia XL 30mg, 90mg                   | 1 per day      |
| Invega 6mg                  | 2 per day        | Monopril 10mg, 20mg                      | 1 per day      | Procardia XL 60mg                         | 2 per day      |
| Iressa                      | 1 per day        | Monopril 40mg                            | 2 per day      | Promacta                                  | 1 per day      |
| Isentress                   | 2 per day        | Moxatag                                  | 10 tabs        | Prometrium                                | 2 per day      |
| Isoptin SR 120mg            | 1 per day        | Multaq                                   | 2 per day      | Proquin XR                                | 3 tabs         |
| Janumet                     | 2 per day        | Muse                                     | 6 pellets      | Proscar                                   | 1 per day      |
| Januvia                     | 1 per day        | Namenda                                  | 2 per day      | Protanax                                  | 1 per day      |
| Kadian                      | 2 per day        | Namenda Pak                              | 1 pack         | Protopic                                  | 60gm           |
| Kapidex 30mg, 60mg          | 1 per day        | Nasacort AQ                              | 1 inh          | Proventil HFA                             | 2 inh          |
| Keprra 250mg                | 2 per day        | Nasarel Inhaler                          | 1 inh          | Provigil                                  | 1 per day      |
| Keprra, Keprra XR 750mg     | 4 per day        | Nasonex Inhaler                          | 1 inh          | Prozac Weekly                             | 4 caps per mo  |
| Keprra 1000mg               | 3 per day        | Nexavar                                  | 4 per day      | Pulmicort Respule                         | 2 per day      |
| Keprra, Keprra XR 500mg     | 6 per day        | Nexium                                   | 1 per day      | Pulmicort Turbuhaler                      | 1 inh          |
| Kwell/Lindane               | 60ml             | Noroxin                                  | 2 per day      | Pulmozyme                                 | 60unt (150ml)  |
| Kytril 1 mg                 | 10 tabs          | Norvasc                                  | 1 per day      | Ranexa                                    | 2 per day      |
| Kytril solution             | 1 bottle (30ml)  | Nucynta                                  | 6 per day      | Rapaflo                                   | 1 per day      |
| Lamictal 5mg                | 8 per day        | Nuvigil                                  | 1 per day      | Rapiflux                                  | 1 per day      |
| Lamictal, Lamictal ODT 25mg | 6 per day        | Noxafil                                  | 105ml          | Razadyne ER                               | 1 per day      |
| Lamictal, Lamictal ODT      | 100mg, 200mg     | Ofloxacin                                | 28 tabs        | Rebetol                                   | 500ml          |
|                             | 2 per day        | Onglyza                                  | 1 per day      | Relafen                                   | 4 per day      |
| Lamictal 150mg              | 3 per day        | Onsolis                                  | 4 per day      | Relenza                                   | 20 tabs        |
| Lamictal ODT 50mg           | 3 per day        |  |                | Relpax                                    | 6 tabs         |
| Lamictal XR 25, 50, 100mg   | 1 per day        |  |                |   |                |

# Coventry Health Care

## Quantity Limit List

| Drug Name   | Limit           | Drug Name                      | Limit           | Drug Name               | Limit          |
|---|-----------------|--------------------------------|-----------------|-------------------------|----------------|
| Remeron tab, Soltab                                 | 1 per day       | Sular 30mg                     | 2 per day       | Verelan 120, 180, 360mg | 1 per day      |
| Requip XL 2mg, 4mg, 8mg                             | 1 per day       | Sutent                         | 1 per day       | Verelan 240mg           | 2 per day      |
| Requip XL 12mg                                      | 2 per day       | Symbax                         | 1 per day       | Verelan PM 100mg, 300mg | 1 per day      |
| Restasis  | 2 vials per day | Symlin                         | 4 vials (20ml)  | Verelan PM 200mg        | 2 per day      |
| Restoril 7.5mg, 22.5mg                              | 1 per day       | SymlinPen 60,<br>SymlinPen 120 | 4 pens per fill | Vesicare                | 1 per day      |
| Retin-A, Retin-A Micro                              | 45gm            | Tamiflu                        | 20 tabs         | Viagra                  | 4 tabs per mo  |
| Revatio   | 3 per day       | Tarceva                        | 1 per day       | Vimpat                  | 2 per day      |
| Revlimid  | 1 per day       | Tasigna                        | 4 per day       | Vivelle                 | 1 bx (8 ptchs) |
| Reyataz 100mg, 150mg,<br>200mg                      | 2 per day       | Tekturna, Tekturna HCT         | 1 per day       | Voltaren Gel            | 200gm          |
| Reyataz 300mg                                       | 1 per day       | Teveten 400mg                  | 2 per day       | Vytorin                 | 1 per day      |
| Risperdal, Risperdal ODT<br>0.25mg, 0.5mg, 1mg, 2mg | 2 per day       | Teveten 600mg                  | 1 per day       | Vyvanse                 | 1 per day      |
| Risperdal, Risperdal ODT 3mg                        | 3 per day       | Teveten HCT                    | 1 per day       | Wellbutrin XL           | 1 per day      |
| Risperdal, Risperdal ODT 4mg                        | 4 per day       | Theo-24 100mg, 200mg           | 1 per day       | Xalatan                 | 2.5ml/mo       |
| Ritalin LA 10, 20, 40mg                             | 1 per day       | Tiazac                         | 1 per day       | Xanax XR                | 2 per day      |
| Ritalin LA 30mg                                     | 2 per day       | Tindamax 250mg                 | 24 tabs         | Xenazine 12.5mg         | 4 per day      |
| Ritalin SR  | 3 per day       | Tindamax 500mg                 | 12 tabs         | Xenazine 25mg           | 8 per day      |
| Rozerem   | 1 per day       | TOBI                           | 56 vls (280ml)  | Xifaxan                 | 9 tabs         |
| Rythmol SR  | 2 per day       | Topamax 25mg                   | 12 per day      | Xopenex                 | 3 inh          |
| Ryzolt  | 1 per day       | Topamax 50mg                   | 6 per day       | Xyzal                   | 1 per day      |
| Sabril  | 6 per day       | Topamax 100mg                  | 3 per day       | Zavesca                 | 3 per day      |
| Samsca 15mg   | 1 per day       | Topamax 200mg                  | 2 per day       | Zebeta 5mg              | 1 per day      |
| Samsca 30mg   | 2 per day       | Topamax sprinkle               | 4 per day       | Zebeta 10mg             | 4 per day      |
| Sanctura  | 2 per day       | Toprol XL 25mg                 | 1 per day       | Zegerid                 | 1 per day      |
| Sanctura XR   | 1 per day       | Toprol XL 50mg, 100mg          | 1.5 per day     | Zelapar                 | 2 per day      |
| Sancuso   | 1 patch         | Toprol XL 200mg                | 2 per day       | Zemplar                 | 1 per day      |
| Saphris   | 2 per day       | Toradol                        | 20 tabs         | Zetia                   | 1 per day      |
| Sarfem  | 1 per day       | Toviaz                         | 1 per day       | Zirgan gel              | 1 tube         |
| Savella   | 2 per day       | Tranxene SD 11.25mg            | 1 per day       | Zithromax 250mg         | 8 tabs         |
| Selzentry   | 2 per day       | Travatan                       | 2.5ml/mo        | Zithromax 500mg         | 4 tabs         |
| Serevent Diskus                                     | 1 box           | Triglide                       | 1 per day       | Zithromax 600mg         | 8 tabs         |
| Seroquel 25mg, 50mg,<br>100mg, 300mg                | 3 per day       | Trileptal                      | 2 per day       | Zithromax Susp          | 2 bottles      |
| Seroquel 200mg                                      | 4 per day       | Trilipix                       | 1 per day       | Zithromax TriPac        | 1 pk (3 tabs)  |
| Seroquel 400mg                                      | 2 per day       | Tussicaps                      | 20 caps         | Zocor                   | 1 per day      |
| Seroquel XR 150, 200mg                              | 1 per day       | Tussionex                      | 120 ml          | Zofran 24mg             | 1 tab          |
| Seroquel XR 50, 300, 400mg                          | 2 per day       | Twinject                       | 2 doses         | Zofran 4mg, 8mg ODT     | 30 tabs        |
| Singulair tab, Chw, pkt                             | 1 per day       | Tyvaso                         | 1 amp/day       | Zofran Solution         | 50ml           |
| Sonata  | 1 per day       | Tyzeka                         | 1 per day       | Zolina                  | 4 per day      |
| Soriatane Kit<br>(2 kits per mo)                    | 2 tabs per day  | Tyzeka Solution                | 1 bottle        | Zoloft 25mg             | 1 per day      |
| Spiriva   | 1 per day       | Ulesfia                        | 3 bottles       | Zoloft 50mg             | 1.5 per day    |
| Sprycel   | 2 per day       | Uloric                         | 1 per day       | Zoloft 100mg            | 2 per day      |
| Stadol NS   | 2 bottles       | Ulacet                         | 8 per day       | Zomig, Zomig ZMT 2.5mg  | 6 tabs         |
| Strattera   | 1 per day       | Utram ER                       | 1 per day       | Zomig, Zomig ZMT 5mg    | 3 tabs         |
| Striant   | 2 per day       | Uroxatral                      | 1 per day       | Zomig Nasal Spray       | 1 bx (6 doses) |
| Suboxone  | 3 per day       | Valtrex 1g                     | 21 tabs         | Zonegran 25mg, 50mg     | 1 per day      |
| Sular 10mg, 20mg, 40mg                              | 1 per day       | Valtrex 500mg                  | 42 tabs         | Zonegran 100mg          | 6 per day      |
| Sular 8.5, 17, 25.5, 34mg                           | 1 per day       | Valturna                       | 1 per day       | Zyprexa, Zyprexa Zydis  | 1 per day      |
|   |                 | Vancocin 125mg                 | 56 tabs         | Zyrtec                  | 1 per day      |
|   |                 | Vancocin 250mg                 | 40 tabs         | Zyrtec-D                | 2 per day      |
|   |                 | Ventolin HFA                   | 2 inh           | Zyvox                   | 28 tabs        |
|   |                 |                                |                 | Zyvox Susp              | 150ml          |

PLEASE NOTE: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives). This is the most current list at the time of printing and is subject to change, as we periodically review our Drug Formulary listing. Some medications may require prior authorization. Please consult your health plan specific documents or your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

*Unless otherwise noted in your plan documents, there is a maximum of 100 pills per fill.*